
	<b>Claim # L0172018</b>	
<ul style="list-style-type: none"> <li>Your form has been sent to the claims division.</li> <li>Please PRINT THIS FORM for your records before returning to main screen.</li> </ul>		
<b>STORE TYPE</b> Store/Location number : 3401 Base division number : 01 - WAL-MART ASSOCIATES - US		
<b>STORE/LOCATION INFORMATION</b> Address : 6149 OLD NATIONAL HWY, COLLEGE PARK, GA, 30349 Phone : 770 9949440 Manager : WILLIAM Division charged : Section code :		
<b>CLAIM TYPE</b> Type of Incident : SLIP/FALL/TRIP Claim involving a customer/member that alleges slip, fall, or trip.		
<b>SLIP/FALL INFORMATION</b> Type of floor : — Defects ? No Number of photos taken : 0 Was surface clean ? Yes Description : JUST MOPPED FLOOR Was surface dry ? No Description : JUST MOPPED FLOOR Obstructions ? Yes Description : ORANGE CONES WERE IN PLA If obstruction merchandise-it's UPC# : — Item# : — Substance : — Source of substance : — Amount : — Condition of substance : — Customer wearing glasses ? Yes Carrying bundles/objects ? Yes Pushing cart ? No Shoe type : FLIP FLOPS Weather conditions ? DRY		
<b>INCIDENT GENERAL INFORMATION</b> Date of loss : 9/23/2010 5:10:00 PM Date facility notified of loss : 9/23/2010 Accident State : GA Claim description : CUSTOMER SLIPPED AND FELL TO THE FLOOR Does incident involve BI, PD, or both ? Bodily Injury Was medical treatment sought at time of incident or mentioned by the customer/member ? No Incident Location Information Did incident happen on premises ? Yes Address where injury occurred : 6149 OLD NATIONAL HWY, COLLEGE PARK, GA, 30349 Phone : 770 9949440 Witness Information Name : JONES, SEPHUS Address : —, —, GA, — Phone : 770 9096191 Associate with facts relating to loss		



**CLAIMANT # 1**

Name : ROGERS, EDDIE L.  
Title : SUPPORT MANAGER  
Associate first on scene  
Name : BODDIE, KALVIN  
Title : DAIRY SALES ASSOCIATE  
Store Contact Information  
Name : STEPHENS, ANGELA  
Shift : —  
Work Phone : 770 9949440  
Preparer  
Name : STEPHENS, ANGELA  
Title : ASSISTANT STORE MANAGER  
Shift : —

Name : WILLIAMS, TICORA  
Associate ? No  
Sex : Female  
Address : 6305 TOPAZ TRAIL, COLLEGE PARK, GA, 30349  
Home Phone # : 770 9913147  
Work Phone # : —  
Birthdate : 12/11/1959  
Driver's License # : —, —  
Did customer continue to shop ? No  
Was Claimant a Minor ? No  
Type of Injuries/Complaints : PAIN  
Was ambulance called ? Yes  
Was MD or hospital involved ? No  
Companion Information  
Did claimant have a companion ? No  
Companion Name : ,  
Address : —, —, —, —  
Phone : —  
Medical Provider Information  
Medical provider name : —  
Address : —, —, —, —  
Phone : —

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